

EXHIBIT 69

1 UNITED STATES DISTRICT COURT
 2 FOR THE NORTHERN DISTRICT OF OHIO
 3 EASTERN DIVISION
 4 - - -
 5 IN RE: NATIONAL)
 6 PRESCRIPTION) MDL No. 2804
 7 OPIATE LITIGATION)
 8 _____) Case No.
 9) 1:17-MD-2804
 10 THIS DOCUMENT RELATES)
 11 TO ALL CASES) Hon. Dan A. Polster
 12 - - -

13 Tuesday, August 7, 2018
 14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
 15 CONFIDENTIALITY REVIEW
 16 - - -

17 Videotaped deposition of Jennifer R. Norris,
 18 held at the offices of BakerHostetler, 200 Civic Center
 19 Drive, Suite 1200, Columbus, Ohio, commencing at
 20 8:09 a.m., on the above date, before Carol A. Kirk,
 21 Registered Merit Reporter and Notary Public.
 22 - - -

23 GOLKOW LITIGATION SERVICES
 24 877.370.3377 ph | 917.591.5672 fax
 deps@golkow.com

<p style="text-align: right;">Page 74</p> <p>1 potentially dangerous drugs; would you agree with 2 that?</p> <p>3 MS. MAINIGI: Objection; form. 4 Objection; scope.</p> <p>5 Q. Or do you disagree?</p> <p>6 MR. FULLER: Objection; form. 7 Objection; scope.</p> <p>8 A. I think they're using the term 9 "dangerous" to create a category of drugs, not -- 10 so ...</p> <p>11 Q. Would you agree they're trying to 12 control dangerous drugs, whether you look at it as 13 a category or an individual drug, correct?</p> <p>14 MS. MAINIGI: Objection; form. 15 Objection; scope.</p> <p>16 A. Yes, understanding the legitimate -- 17 there is a legitimate purpose and use for these 18 pharmaceuticals.</p> <p>19 Q. That is undeniable as they set out in 20 each one of their schedules. We looked at 21 Schedule II. There is a legitimate medical 22 purpose. We can agree on that, correct?</p> <p>23 A. Yes.</p> <p>24 Q. But these are also potentially dangerous</p>	<p style="text-align: right;">Page 76</p> <p>1 Q. Do you think -- does Cardinal believe 2 that drugs that have a high potential for abuse 3 could be potentially dangerous?</p> <p>4 MS. MAINIGI: Objection; form. 5 Objection; scope.</p> <p>6 A. Not necessarily.</p> <p>7 Q. Well, that's why I said "can be 8 potentially dangerous." So let me ask the 9 question again.</p> <p>10 Does Cardinal believe that drugs that 11 have a high potential for abuse can be potentially 12 dangerous?</p> <p>13 MS. MAINIGI: Objection; form. 14 Objection; scope.</p> <p>15 A. Perhaps.</p> <p>16 Q. So is that a yes?</p> <p>17 MS. MAINIGI: Objection; form. 18 Objection; scope.</p> <p>19 A. Potentially. Perhaps, yes.</p> <p>20 Q. Okay. So just so I get it clean on the 21 record, does Cardinal believe that drugs that have 22 a high potential for abuse can be potentially 23 dangerous?</p> <p>24 MS. MAINIGI: Objection; form. Asked</p>
<p style="text-align: right;">Page 75</p> <p>1 drugs, particularly when we're talking about 2 Schedule II?</p> <p>3 MS. MAINIGI: Objection; form. 4 Objection; scope.</p> <p>5 A. They're not particularly mentioning 6 Schedule II in this language. I agree that 7 Schedule II drugs per the language have a high 8 potential for abuse.</p> <p>9 Q. So are they dangerous drugs or not; yes 10 or no?</p> <p>11 MS. MAINIGI: Objection; form. 12 Objection; scope.</p> <p>13 Q. You could say yes, no, or I don't know.</p> <p>14 A. I can't opine on whether that's what 15 they meant when they said "dangerous drug control" 16 here. I can only say what the statute says.</p> <p>17 Q. Okay. And it specifically refers to 18 dangerous drugs?</p> <p>19 A. The Congressional Record refers to 20 dangerous drugs.</p> <p>21 Q. Yes, ma'am.</p> <p>22 A. The statute talks about drugs with a 23 high potential for abuse, but also having a 24 legitimate medical purpose.</p>	<p style="text-align: right;">Page 77</p> <p>1 and answered multiple times now. Objection; 2 scope.</p> <p>3 A. Perhaps, yes.</p> <p>4 Q. And can we agree that the rules that are 5 laid out are partially designed to keep the 6 American people safe when we're dealing with 7 controlled substances?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 A. The rules, as I understand them, are to 10 ensure that the participants in the distribution 11 system understand their obligations and operate 12 within that distribution -- that closed 13 distribution system, maintaining the security of 14 the pharmaceuticals we distribute, the scheduled 15 substances we distribute.</p> <p>16 Q. And the rules also indicate a 17 Congressional finding that if we don't keep them 18 in their legitimate channels, that they can be 19 dangerous to the health and general welfare of the 20 American public, correct?</p> <p>21 MS. MAINIGI: Objection; form. Asked 22 and answered. Objection; scope.</p> <p>23 A. Congress made a finding that the illegal 24 distribution -- let me make sure I read it</p>

<p style="text-align: right;">Page 78</p> <p>1 correctly -- "would have a substantial and 2 detrimental effect on the health and general 3 welfare of the American people." 4 Q. So can we agree that that's one of the 5 type of things that they're trying to protect 6 from? 7 MS. MAINIGI: Objection; form. 8 Objection; scope. 9 A. I don't know what Congress was thinking. 10 I know that was one of their findings as an 11 introduction. 12 Q. So does Cardinal believe the intent 13 behind the Controlled Substances Act is to try to 14 protect the American people from the illicit 15 distribution of controlled substances; yes or no? 16 MS. MAINIGI: Objection; form. 17 Objection; scope. 18 A. Can you ask the question again? I'm 19 sorry. 20 Q. Sure. Does Cardinal believe that the 21 Controlled Substances Act -- let me try that 22 again. 23 Does Cardinal believe that the 24 Controlled Substances Act is to protect the</p>	<p style="text-align: right;">Page 80</p> <p>1 American public? 2 MS. MAINIGI: Objection; scope. 3 Objection; form. 4 A. I agree that that is what this language 5 says. 6 Q. That that's what the Congress found in 7 the subcommittee, correct? 8 MS. MAINIGI: Objection; form. 9 Objection; scope. 10 A. Because I'm not really familiar with 11 this document, if this is what -- 12 Q. Well, I didn't alter it, I promise. 13 A. No, I understand that. I just want to 14 make sure we're talking about the same thing. If 15 that is what this document says and if you're 16 telling me that's what this document is, that is 17 what this document says. 18 Q. And, therefore, Congress made a finding 19 in the subcommittee that as of 2001, OxyContin is 20 providing a dilemma for the American public -- or 21 the abuse of OxyContin is, correct? 22 MS. MAINIGI: Objection; form. 23 Objection; scope. 24 A. That is what the document says, yes.</p>
<p style="text-align: right;">Page 79</p> <p>1 American people from the illicit distribution of 2 controlled substances; yes or no? 3 MS. MAINIGI: Objection; form. 4 Objection; scope. 5 A. I can't opine in my personal capacity on 6 what Cardinal believes. Cardinal understands its 7 obligations under the statute, regs, and the 8 guidance from the DEA. 9 Q. Okay. Fair enough. Let's go to that 10 Exhibit 8 now. If you'll turn to page 6 of that 11 document. On page 6, this is the introductory 12 statement by the chairman of the Subcommittee on 13 Oversight and Investigations, James Greenwood from 14 Pennsylvania. 15 Can you read that highlighted section 16 there that starts with "The use and the abuse." 17 A. "The use and the abuse of OxyContin 18 provides quite a dilemma for us in Congress and 19 for the American public. For some, OxyContin is 20 the angel of mercy. For others, it is the angel 21 of death." 22 Q. Do you recognize by this time in 2001, 23 that Congress has found that the use and abuse of 24 OxyContin has created quite a dilemma for the</p>	<p style="text-align: right;">Page 81</p> <p>1 Q. Okay. And if you go down to the next 2 paragraph that starts off "Today." 3 It says, "Today, we will hear from law 4 enforcement officials who argue that OxyContin has 5 quickly become the abuser's drug of choice 6 surpassing heroin and cocaine in some 7 jurisdictions." 8 Does Cardinal recognize that even again 9 back in 2001, that there's concern by law 10 enforcement of OxyContin becoming the abuser's 11 drug of choice? 12 MS. MAINIGI: Objection; scope. 13 A. That is what this language says. 14 Q. And you have no reason to disagree with 15 this language, do you? 16 MS. MAINIGI: Objection; scope. 17 A. In my personal capacity, I don't if this 18 is what Congress had on the record. 19 Q. And during 2001, Cardinal Health was 20 distributing OxyContin, correct? 21 A. Yes. 22 Q. If you turn to page 8. Let me know when 23 you get there. 24 There's the rocket ship again.</p>

<p style="text-align: right;">Page 82</p> <p>1 A. Okay.</p> <p>2 Q. You see where it reads "These actions,</p> <p>3 though commendable, also appear long overdue.</p> <p>4 According to the DEA, the number of OxyContin --</p> <p>5 excuse me -- oxycodone-related deaths has</p> <p>6 increased nearly 400 percent since 1996, the same</p> <p>7 period -- excuse me -- the same time period in</p> <p>8 which the annual number of prescriptions for</p> <p>9 OxyContin has risen from approximately 300,000 to</p> <p>10 almost 6 million."</p> <p>11 Did I read that correctly?</p> <p>12 A. I believe so.</p> <p>13 Q. And is Cardinal aware that deaths were</p> <p>14 increasing from oxycodone overdoses during this</p> <p>15 time frame?</p> <p>16 MS. MAINIGI: Objection; scope. I'm</p> <p>17 also going to interpose my one time, but have it</p> <p>18 be continuing -- a time period objection</p> <p>19 consistent with Discovery Rulings 2 and 3 of the</p> <p>20 Special Master, which -- our reading of which</p> <p>21 allows you to question on the time period 2006</p> <p>22 forward with the exception of the suspicious order</p> <p>23 reports aspect of those rulings.</p> <p>24 So I will just interpose a continuing</p>	<p style="text-align: right;">Page 84</p> <p>1 customers and where it is delivering</p> <p>2 pharmaceuticals to.</p> <p>3 (Reporter clarification.)</p> <p>4 A. Cardinal Health understands who its</p> <p>5 customers are and where it's delivering to.</p> <p>6 Q. And Cardinal Health would also stay</p> <p>7 abreast of what's going on in those communities</p> <p>8 that it's delivering to; is that fair?</p> <p>9 MS. MAINIGI: Objection; scope, as well</p> <p>10 as time period.</p> <p>11 A. Again, I wasn't at the company at this</p> <p>12 time. I don't -- I don't know.</p> <p>13 Q. You would expect Cardinal Health would</p> <p>14 be aware if drugs that it was distributing were</p> <p>15 causing an increasing number of deaths in the</p> <p>16 communities to which it distributed; is that fair?</p> <p>17 MS. MAINIGI: Objection; scope, form.</p> <p>18 A. I can't say.</p> <p>19 Q. Should Cardinal be aware if oxycodone</p> <p>20 that it's distributing is causing nearly a</p> <p>21 400 percent increase in deaths across this</p> <p>22 country?</p> <p>23 MS. MAINIGI: Objection; scope, form,</p> <p>24 and time period.</p>
<p style="text-align: right;">Page 83</p> <p>1 objection for any questions you ask that may</p> <p>2 relate to time periods earlier than 2006. She'll</p> <p>3 answer all of your questions and we'll deal with</p> <p>4 it later.</p> <p>5 MR. FULLER: That's fair enough.</p> <p>6 A. I'm sorry. Could you repeat the</p> <p>7 question?</p> <p>8 Q. And Cardinal was aware that during this</p> <p>9 time frame that deaths were increasing from</p> <p>10 OxyContin overdoses -- or excuse me -- oxycodone.</p> <p>11 No, it's OxyContin. No, it's not. Back up.</p> <p>12 Sorry.</p> <p>13 Cardinal is aware that during this time,</p> <p>14 oxycodone overdoses were rapidly increasing,</p> <p>15 correct?</p> <p>16 MS. MAINIGI: Objection; scope.</p> <p>17 A. I can't speak as to what Cardinal Health</p> <p>18 was aware of at this time. I didn't work there.</p> <p>19 Q. Sure. And I get that. But one of the</p> <p>20 things that Cardinal did was stay informed as to</p> <p>21 what was going on in the world, the communities it</p> <p>22 delivered to, correct?</p> <p>23 MS. MAINIGI: Objection; scope.</p> <p>24 A. Cardinal Health understands its</p>	<p style="text-align: right;">Page 85</p> <p>1 A. Cardinal Health -- Cardinal Health isn't</p> <p>2 aware of deaths related to products it</p> <p>3 distributes.</p> <p>4 Q. So Cardinal Health doesn't have any</p> <p>5 information as to whether products it distributed</p> <p>6 caused or contributed to anyone's demise?</p> <p>7 MS. MAINIGI: Objection; scope.</p> <p>8 A. I think, as we talked about earlier,</p> <p>9 Cardinal Health distributes to licensed pharmacies</p> <p>10 who dispense pursuant to prescriptions by licensed</p> <p>11 physicians that then go to users. Cardinal Health</p> <p>12 is not aware of any deaths related to the</p> <p>13 pharmaceuticals that it has distributed.</p> <p>14 Q. Are you sure?</p> <p>15 MS. MAINIGI: Objection; form.</p> <p>16 Objection; scope.</p> <p>17 A. I am.</p> <p>18 Q. Give her just a second to --</p> <p>19 A. I'm sorry.</p> <p>20 Q. That's all right.</p> <p>21 Is Cardinal aware that OxyContin -- or</p> <p>22 excuse me -- oxycodone that's distributed by it or</p> <p>23 others has contributed to increased deaths in this</p> <p>24 country?</p>

<p style="text-align: right;">Page 86</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope.</p> <p>3 A. It is not.</p> <p>4 Q. So oxycodone, how does it get to the</p> <p>5 pharmacies?</p> <p>6 MS. MAINIGI: Objection; scope.</p> <p>7 A. Cardinal Health distributes oxycodone,</p> <p>8 as well as many other pharmaceuticals, to licensed</p> <p>9 pharmacies.</p> <p>10 Q. And there are others out there that</p> <p>11 distribute oxycodone and OxyContin as well,</p> <p>12 correct? AmerisourceBergen.</p> <p>13 A. Other distributors?</p> <p>14 Q. Yes, ma'am.</p> <p>15 A. Yes.</p> <p>16 Q. We don't have Joe making oxycodone in</p> <p>17 his trailer up in the foothills of West Virginia,</p> <p>18 do we?</p> <p>19 MS. MAINIGI: Objection; form.</p> <p>20 Objection; scope.</p> <p>21 A. Not to my knowledge.</p> <p>22 Q. To your knowledge, no one is out there</p> <p>23 in their homes or farmhouses manufacturing</p> <p>24 OxyContin, correct?</p>	<p style="text-align: right;">Page 88</p> <p>1 A. The distributor -- I know you're not</p> <p>2 going to want to hear -- the distributor</p> <p>3 distributes to a licensed pharmacy who dispenses</p> <p>4 pursuant to a prescription from a licensed</p> <p>5 physician.</p> <p>6 Q. Yes, ma'am. And I'll ask you again.</p> <p>7 Just listen to my question and answer the question</p> <p>8 I'm asking.</p> <p>9 A. I hear your question. Yes.</p> <p>10 Q. Well, and I'm hearing your answer, but</p> <p>11 my problem is you're not answering the question</p> <p>12 I'm asking. Okay? So let me try it one more</p> <p>13 time.</p> <p>14 In order for the people out there that</p> <p>15 are getting these oxycodone pills that are causing</p> <p>16 these overdoses, those pills have to come through</p> <p>17 a wholesale distributor; is that correct or</p> <p>18 incorrect?</p> <p>19 MS. MAINIGI: Objection; asked and</p> <p>20 answered multiple times. Objection; scope.</p> <p>21 Mike, you may not like her answer, but</p> <p>22 she has, in fact, answered your question multiple</p> <p>23 times. I'll ask her to answer it again.</p> <p>24 Q. It's a yes or no question.</p>
<p style="text-align: right;">Page 87</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope.</p> <p>3 A. Not to my knowledge.</p> <p>4 Q. So the only way these people are getting</p> <p>5 oxycodone that they're overdosing from is when we</p> <p>6 go up the chain from a manufacturer that has</p> <p>7 distributed or sold to a wholesale distributor who</p> <p>8 has sold to a pharmacy, correct?</p> <p>9 MS. MAINIGI: Objection; form.</p> <p>10 Objection; scope.</p> <p>11 A. Cardinal Health has distributed the</p> <p>12 pharmaceuticals to a licensed pharmacy for</p> <p>13 dispensing pursuant to a licensed -- prescription</p> <p>14 from a licensed physician.</p> <p>15 Q. Yes, ma'am. I understand that. You've</p> <p>16 told me that several times, but that's not my</p> <p>17 question. So listen to my question, and we'll</p> <p>18 move through this.</p> <p>19 In order for the people out there to get</p> <p>20 these oxycodone pills that they're overdosing on,</p> <p>21 it had to have come through a wholesale</p> <p>22 distributor; correct or incorrect?</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 Objection; scope.</p>	<p style="text-align: right;">Page 89</p> <p>1 Did those pills have to come through a</p> <p>2 wholesale distributor?</p> <p>3 MS. MAINIGI: Objection; asked and</p> <p>4 answered. Objection; scope.</p> <p>5 A. Cardinal Health distributes to a</p> <p>6 licensed pharmacy who dispenses prescriptions from</p> <p>7 a licensed physician.</p> <p>8 Q. Again, that's not my question. I'm</p> <p>9 asking you if Cardinal knows whether these pills</p> <p>10 that are causing overdoses have to come through a</p> <p>11 licensed wholesale distributor before they get to</p> <p>12 the person who is overdosing? That's all I'm</p> <p>13 asking.</p> <p>14 I understand that you guys distribute to</p> <p>15 licensed pharmacies. You've made that abundantly</p> <p>16 clear.</p> <p>17 You would agree with me, would you not,</p> <p>18 that those pills have to come through a wholesale</p> <p>19 distributor before they get to the person that is</p> <p>20 ultimately overdosing on them, correct?</p> <p>21 MS. MAINIGI: Objection; form. Asked</p> <p>22 and answered multiple times. Objection; scope.</p> <p>23 Answer it one more time.</p> <p>24 Q. I'll just be happy if you answer my</p>

<p style="text-align: right;">Page 90</p> <p>1 question once.</p> <p>2 A. The pharmaceuticals move through the</p> <p>3 closed distribution system, from a wholesaler to a</p> <p>4 licensed pharmacy, dispensed from a licensed</p> <p>5 prescriber.</p> <p>6 Q. So they have to go through a licensed</p> <p>7 wholesale distributor before getting to the end</p> <p>8 user or the person overdosing, correct?</p> <p>9 MS. MAINIGI: Objection; asked and</p> <p>10 answered. Objection; form.</p> <p>11 Mike, why don't we -- she's answered it</p> <p>12 multiple times. You don't like her answer. Why</p> <p>13 don't you just move on?</p> <p>14 MR. FULLER: I just want her to answer</p> <p>15 the question I asked.</p> <p>16 MS. MAINIGI: She's answered it multiple</p> <p>17 times.</p> <p>18 MR. FULLER: No.</p> <p>19 BY MR. FULLER:</p> <p>20 Q. Go ahead, ma'am.</p> <p>21 A. The pharmaceuticals we distribute are</p> <p>22 distributed to a licensed pharmacy for dispensing</p> <p>23 pursuant to a licensed prescription --</p> <p>24 prescription from a licensed physician. Sorry.</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. And the communities that they are</p> <p>2 providing all these pills to, these drugs to,</p> <p>3 correct?</p> <p>4 MS. MAINIGI: Objection; scope and form.</p> <p>5 A. I can't say what Cardinal Health was</p> <p>6 doing at this time. I wasn't there.</p> <p>7 Q. But you did just testify that Cardinal</p> <p>8 did its job in staying informed as to what's going</p> <p>9 on in the communities that it's distributing to</p> <p>10 around the country -- or excuse me. That's my</p> <p>11 question. I'm sorry. I was going to say that</p> <p>12 sounded like a pretty damn good answer.</p> <p>13 MS. MAINIGI: I would stick with that</p> <p>14 one, Mike.</p> <p>15 Q. You testified that "Cardinal Health</p> <p>16 understands customers that it's distributed to."</p> <p>17 When you say "understands customers," what is its</p> <p>18 obligation related to understanding customers, if</p> <p>19 you know?</p> <p>20 A. I think -- I want to be careful about</p> <p>21 the word -- use of the word "obligation." As part</p> <p>22 of Cardinal Health's anti-diversion program, we</p> <p>23 have a "know your customer" component where we</p> <p>24 inquire, ask questions, obtain information from</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. If you go to the next section of this</p> <p>2 page. "In its testimony today, Purdue Pharma will</p> <p>3 argue that the death figures heralded by</p> <p>4 newspapers nationwide are inaccurate and are the</p> <p>5 prime mover of negative hype surrounding</p> <p>6 OxyContin."</p> <p>7 Do you see that?</p> <p>8 A. I see that language.</p> <p>9 Q. And does Cardinal recognize that during</p> <p>10 this time frame, newspapers are reporting these</p> <p>11 death figures from OxyContin overdoses?</p> <p>12 MS. MAINIGI: Objection; form, time</p> <p>13 period, and scope.</p> <p>14 A. I can't say. Again, I didn't work at</p> <p>15 the company and know what newspapers they may or</p> <p>16 may not have read.</p> <p>17 Q. But, again, Cardinal did its job in</p> <p>18 staying informed as to what's going on in the</p> <p>19 communities that it's distributing to around the</p> <p>20 country, correct?</p> <p>21 MS. MAINIGI: Objection; scope and time</p> <p>22 period.</p> <p>23 A. Cardinal Health understands the</p> <p>24 customers that it is distributing to.</p>	<p style="text-align: right;">Page 93</p> <p>1 our customers to get an idea about the general</p> <p>2 area in which they're operating their business.</p> <p>3 Q. And the increase in prescriptions from</p> <p>4 300,000 to almost 6 million from 1996 to 2001, you</p> <p>5 would agree that's a significant increase in the</p> <p>6 prescriptions for OxyContin, correct?</p> <p>7 MS. MAINIGI: Objection; scope.</p> <p>8 A. That's an increase from 300,000 to</p> <p>9 6 million. I don't know how we want to define</p> <p>10 "significant." During that time, the DEA was</p> <p>11 approving and increasing the quotas to allow that</p> <p>12 many prescriptions, so ...</p> <p>13 Q. So it's a 20-time increase over a what,</p> <p>14 a five-year period, four-year -- five-year period?</p> <p>15 Do you not consider that significant?</p> <p>16 MS. MAINIGI: Objection; form.</p> <p>17 Objection; scope.</p> <p>18 A. It depends on the circumstances. Like I</p> <p>19 said, the DEA felt there was legitimate medical</p> <p>20 needs for these prescriptions. They were</p> <p>21 increasing the quotas during this time period.</p> <p>22 Q. Do you have an understanding of how they</p> <p>23 were increasing the quotas and what information</p> <p>24 they were relying on when increasing these quotas?</p>

<p style="text-align: right;">Page 94</p> <p>1 MS. MAINIGI: Objection; scope. 2 Objection; time period. 3 A. I don't know exactly how they increased 4 the quotas. I would be guessing that they rely on 5 a variety of information. 6 Q. Including information provided by the 7 manufacturers and wholesale distributors, correct? 8 MS. MAINIGI: Objection; scope. 9 A. That is likely one of the data points. 10 Q. And this increase -- this 20 times 11 multiple increase in OxyContin prescriptions, 12 those pills all have to flow through the wholesale 13 distributor as you testified, correct? 14 MS. MAINIGI: Objection; form. 15 Objection; scope. Objection; asked and answered. 16 A. I believe I testified that the 17 pharmaceuticals are distributed by -- the pills 18 are distributed by Cardinal Health to a licensed 19 pharmacy for dispensing pursuant to a prescription 20 from a licensed physician. 21 Q. So that means more business for Cardinal 22 Health, correct? 23 MS. MAINIGI: Objection; scope. 24 A. I don't know that Cardinal Health</p>	<p style="text-align: right;">Page 96</p> <p>1 Q. Ma'am, even if it distributed some of 2 them, it would have increased the business; would 3 it not? 4 MS. MAINIGI: Objection; scope. 5 Objection; form. Objection; time period. 6 A. A small portion of the overall 7 pharmaceuticals that Cardinal Health distributes. 8 Q. So is that a yes, it would have 9 increased the business? 10 MS. MAINIGI: Objection; asked and 11 answered. Objection; form and scope, and time 12 period. 13 A. I don't know specifically. 14 MR. FULLER: All right. This is Norris 15 31. 16 --- 17 (Cardinal-Norris Exhibit 9 marked.) 18 --- 19 MR. FULLER: This is going to be 20 Plaintiff's Exhibit Number 9. 21 BY MR. FULLER: 22 Q. Do you see this document, ma'am, what's 23 been marked as Plaintiff's Number 9? It's 24 entitled "Under the Counter: The Diversion and</p>
<p style="text-align: right;">Page 95</p> <p>1 distributed all of these. 2 Q. Well, they may not have distributed all 3 of them, but they probably distributed some of 4 them. 5 Can we agree to that? 6 MS. MAINIGI: Objection; scope. 7 Objection; time period. 8 A. Perhaps as a small percentage of 9 everything else Cardinal Health distributes to its 10 customers. 11 Q. So we can agree that this increase also 12 increased the business at Cardinal Health? 13 MS. MAINIGI: Objection; time period. 14 Objection; scope. 15 Q. Yeah. Let me strike that. Let me ask 16 it a little better. 17 We can agree that this 20-time increase 18 in the number of OxyContin prescriptions also 19 increased the business at Cardinal Health? 20 MS. MAINIGI: Objection; scope. 21 Objection; time period. Objection; form. 22 A. Not necessarily. As I said, I don't 23 know that Cardinal Health distributed all or a 24 significant portion of these.</p>	<p style="text-align: right;">Page 97</p> <p>1 Abuse of Controlled Prescription Drugs in the 2 U.S.," July of 2005? 3 A. I see that's the title of the document. 4 Q. Who does it say it's funded by with an 5 unrestricted grant? 6 A. It says, "Funded by an unrestricted 7 grant from Purdue Pharma LP." 8 Q. And this was a study that was 9 commissioned by this grant by Purdue Pharma. And 10 if you'll turn to page 9. And just let me know 11 when you get there. 12 A. Okay. 13 Q. And on page 9, do you see where it says 14 "The bottom line"? 15 A. I see that. 16 Q. Read that to us, if you would, please, 17 or read it to the jury. 18 A. "The bottom line: Our nation is in the 19 throws of an epidemic of controlled prescription 20 drug abuse and addiction. Today 15.1 million 21 people admit abusing prescription drugs, more than 22 the combined number who admit abusing cocaine, 23 hallucinogens, inhalants, and heroin combined." 24 Sorry. I didn't read the numbers. If</p>

<p style="text-align: right;">Page 98</p> <p>1 you want me to read it --</p> <p>2 Q. No, no, no.</p> <p>3 A. -- again with the numbers, I can.</p> <p>4 Q. That's fine. Thank you.</p> <p>5 Does Cardinal recognize that at this</p> <p>6 time during 2005 that we are in the throws of an</p> <p>7 epidemic of controlled prescription drug abuse?</p> <p>8 MS. MAINIGI: Objection; scope.</p> <p>9 Objection; time period.</p> <p>10 A. Cardinal Health recognizes that there is</p> <p>11 an issue in the country with prescription drug</p> <p>12 abuse. It's not qualified to determine the timing</p> <p>13 of that. That's for the public policymakers, but</p> <p>14 Cardinal Health understands there is a significant</p> <p>15 issue.</p> <p>16 Q. And as it relates to this study, it</p> <p>17 indicates that we're in the throws of it even back</p> <p>18 in 2005, correct?</p> <p>19 MS. MAINIGI: Objection; scope.</p> <p>20 Objection; time period.</p> <p>21 A. That is when this study was -- what this</p> <p>22 study found at the time. Again, Cardinal Health</p> <p>23 isn't making a determination. It's not in the</p> <p>24 position to make the determination, but it is</p>	<p style="text-align: right;">Page 100</p> <p>1 MS. MAINIGI: Objection; form.</p> <p>2 Objection; scope and time period.</p> <p>3 A. That is what the document says, yes.</p> <p>4 Q. And if you scroll on down to the next</p> <p>5 highlighted section. It says, "Children are</p> <p>6 especially at risk. In 2003, 2.3 million teens</p> <p>7 between the ages of 12 and 17 admitted abusing</p> <p>8 prescription drugs in the past year. 83 percent</p> <p>9 of them admitted abusing opioids."</p> <p>10 Do you see that?</p> <p>11 A. I see that language, yes.</p> <p>12 Q. Would you agree if that is true, that</p> <p>13 that is clearly a sign of an epidemic in this</p> <p>14 country?</p> <p>15 MS. MAINIGI: Objection; form, time</p> <p>16 period, and scope.</p> <p>17 A. I agree that it's a finding. I don't</p> <p>18 know what the indicia of an epidemic -- I can't</p> <p>19 say what the indicia of an epidemic are. This is</p> <p>20 a finding that the study made.</p> <p>21 Q. So you can't tell us whether it's an</p> <p>22 epidemic whether 2.3 kids between the ages of 12</p> <p>23 and 17, which, according to this, is 9.3 percent</p> <p>24 of the kids in that age group are abusing</p>
<p style="text-align: right;">Page 99</p> <p>1 aware of it.</p> <p>2 Q. And at this time, at least according to</p> <p>3 the findings in the study -- which you have no</p> <p>4 reason to disagree with, correct?</p> <p>5 MS. MAINIGI: Objection; form.</p> <p>6 Objection; scope. Objection; time period.</p> <p>7 A. I haven't read the whole study, so I</p> <p>8 can't say whether --</p> <p>9 Q. Sure.</p> <p>10 A. -- I agree or disagree.</p> <p>11 Q. But, again, sitting here today, you have</p> <p>12 no basis to disagree with it. I understand you</p> <p>13 haven't read it. I'm not asking you to read it.</p> <p>14 A. I can't say I agree or --</p> <p>15 MS. MAINIGI: Hang on. Objection; form,</p> <p>16 Objection; scope. Objection; time period.</p> <p>17 Go ahead.</p> <p>18 A. I can't say whether I agree or disagree</p> <p>19 with the study. It's a relatively voluminous</p> <p>20 document that I have never seen before.</p> <p>21 Q. Sure. And it finds that today</p> <p>22 15.1 million people admit to prescription drug</p> <p>23 abuse, more than cocaine, hallucinogens,</p> <p>24 inhalants, and heroin combined, right?</p>	<p style="text-align: right;">Page 101</p> <p>1 prescription pain drugs, and you can't tell us</p> <p>2 whether that's an epidemic --</p> <p>3 MS. MAINIGI: Objection.</p> <p>4 Q. -- an issue, a crisis?</p> <p>5 MS. MAINIGI: Excuse me. Objection;</p> <p>6 form, scope, and time period.</p> <p>7 A. Well, now you've introduced new words.</p> <p>8 It's certainly an issue. Again, I'm not -- I'm</p> <p>9 not qualified to opine on what constitutes an</p> <p>10 epidemic.</p> <p>11 Q. You certainly agree it's a bad issue?</p> <p>12 Would you agree with that?</p> <p>13 MS. MAINIGI: Objection; form, scope,</p> <p>14 and time period.</p> <p>15 A. It's an issue to be concerned about.</p> <p>16 Q. It's not something that we want</p> <p>17 happening in this country?</p> <p>18 MS. MAINIGI: Objection; form, scope,</p> <p>19 and time period.</p> <p>20 A. It's not something I would want</p> <p>21 happening in this country.</p> <p>22 Q. Or anywhere else, for that matter,</p> <p>23 correct?</p> <p>24 MS. MAINIGI: Objection; form, scope,</p>

<p style="text-align: right;">Page 102</p> <p>1 and time period.</p> <p>2 A. No, I wouldn't want this to happen.</p> <p>3 ---</p> <p>4 (Cardinal-Norris Exhibit 10 marked.)</p> <p>5 ---</p> <p>6 Q. Okay. Ma'am, I think you have in front</p> <p>7 of you what for the record is Norris 12 and has</p> <p>8 been marked for this deposition Plaintiff's</p> <p>9 Exhibit Number 10; is that correct? It's the</p> <p>10 sticker number 10 on the bottom.</p> <p>11 A. It is.</p> <p>12 Q. All right. And do you know who Glenn</p> <p>13 Fine is?</p> <p>14 A. I don't, other than the document says</p> <p>15 Inspector General.</p> <p>16 Q. Inspector General. Well, I assure you</p> <p>17 that I didn't make that up.</p> <p>18 Okay. And do you see the subject? Read</p> <p>19 the subject to us, if you would, please.</p> <p>20 A. The subject is, "Review of the Drug</p> <p>21 Enforcement Administration's Investigations of the</p> <p>22 Diversion of Controlled Pharmaceuticals, Report</p> <p>23 number I-2002-010."</p> <p>24 Q. And I'll represent to you that this is a</p>	<p style="text-align: right;">Page 104</p> <p>1 investigator positions in fiscal year 2001. The</p> <p>2 authorized diversion investigator positions were</p> <p>3 assigned as follows: 55 at headquarters, 455 at</p> <p>4 domestic field offices, and the remaining 13 at</p> <p>5 overseas offices."</p> <p>6 Q. So that puts somewhere about 510 DEA</p> <p>7 investigators keeping oversight of the controlled</p> <p>8 substances in this country, correct?</p> <p>9 MS. MAINIGI: Objection; time period,</p> <p>10 scope, form.</p> <p>11 A. There were 500 and so in the</p> <p>12 authorized --</p> <p>13 Q. Well, I'm just doing --</p> <p>14 A. -- diversion investigator positions.</p> <p>15 Q. Yeah. I'm doing 55 plus 455 I think is</p> <p>16 510, right?</p> <p>17 A. Sorry.</p> <p>18 MS. MAINIGI: Objection; form.</p> <p>19 A. And then plus 13.</p> <p>20 Q. Yeah, those are overseas.</p> <p>21 A. Yeah. Okay.</p> <p>22 Q. So we can agree that in -- at least</p> <p>23 according to this, the Inspector General report</p> <p>24 done in 2012 -- excuse me -- 2002, approximately</p>
<p style="text-align: right;">Page 103</p> <p>1 report that came out September of 2002. Cardinal</p> <p>2 also recognizes that it's the DEA which regulates</p> <p>3 wholesale distributors; is that correct?</p> <p>4 A. Among other bodies, yes.</p> <p>5 Q. Maybe some state entities and others out</p> <p>6 there, but as far as the federal government, one</p> <p>7 of the main ones is the DEA?</p> <p>8 A. Yes.</p> <p>9 Q. Is it the DEA that generally</p> <p>10 investigates and deals with diversion of</p> <p>11 controlled substances?</p> <p>12 A. I believe so.</p> <p>13 Q. If you'll turn to page 12. When you get</p> <p>14 there, let me know when you're ready.</p> <p>15 A. Okay. Just a second.</p> <p>16 Q. Yes, ma'am.</p> <p>17 A. Okay.</p> <p>18 Q. If you turn to page 12. Do you see the</p> <p>19 highlighted section there?</p> <p>20 A. I do.</p> <p>21 Q. If you'll read that aloud for us,</p> <p>22 please.</p> <p>23 A. "Diversion investigators represented</p> <p>24 10 percent, or 523, of the DEA's 5,124 authorized</p>	<p style="text-align: right;">Page 105</p> <p>1 510 DEA investigators related to diversion of</p> <p>2 controlled substances in this country; is that</p> <p>3 right?</p> <p>4 MS. MAINIGI: Objection; form, scope,</p> <p>5 time period.</p> <p>6 A. I believe that's what this says.</p> <p>7 ---</p> <p>8 (Cardinal-Norris Exhibit 11 marked.)</p> <p>9 ---</p> <p>10 Q. Now, let's continue to the next</p> <p>11 document. The next document is going to be</p> <p>12 Plaintiff's Norris 13, which is going to be</p> <p>13 Exhibit 11 to this deposition.</p> <p>14 Now, I'll represent to you that</p> <p>15 Plaintiff's 11 is part of a bigger Congressional</p> <p>16 record. It's about 900 pages. I decided not to</p> <p>17 print all 900 pages for you.</p> <p>18 A. I and our environment appreciate that.</p> <p>19 Q. You are welcome. You are welcome.</p> <p>20 This is a report done by the Honorable</p> <p>21 Rudolph Giuliani before the U.S. Senate Permanent</p> <p>22 Subcommittee on Investigations.</p> <p>23 Do you see that?</p> <p>24 A. I do.</p>

<p style="text-align: right;">Page 106</p> <p>1 Q. And it's dated June 17th of 2004.</p> <p>2 A. That is the date on the front.</p> <p>3 Q. What is the title of this report?</p> <p>4 A. Buy --</p> <p>5 Q. I'm sorry. Go ahead.</p> <p>6 A. "Buyers Beware: The Dangers of</p> <p>7 Purchasing Pharmaceuticals Over the Internet."</p> <p>8 Q. Now, you're aware that during this time</p> <p>9 frame, that there was a concern about Internet</p> <p>10 pharmacies; is that right?</p> <p>11 MS. MAINIGI: Objection; form, time</p> <p>12 period.</p> <p>13 A. I am aware that Internet pharmacies</p> <p>14 generally during this time period were on folks'</p> <p>15 minds, yes.</p> <p>16 Q. And it was an issue of concern, because</p> <p>17 in 2008, Cardinal paid a \$34 million fine related</p> <p>18 to Internet pharmacies and the distributions</p> <p>19 thereto, correct?</p> <p>20 MS. MAINIGI: Objection; form, scope.</p> <p>21 A. I believe it was an issue of concern</p> <p>22 because we had communications with the DEA as far</p> <p>23 back as, I believe, 2005 regarding Internet</p> <p>24 pharmacies.</p>	<p style="text-align: right;">Page 108</p> <p>1 hired by PhRMA to look into this issue of Canadian</p> <p>2 and foreign medicines, right?</p> <p>3 MS. MAINIGI: Objection; form and</p> <p>4 time -- or excuse me. Objection; scope and time</p> <p>5 period.</p> <p>6 A. I believe that's what the language says.</p> <p>7 Q. And if you'll turn to -- now to page 4.</p> <p>8 A. Can you give me just a second, please?</p> <p>9 Q. Sure. I'm sorry. I apologize.</p> <p>10 A. That's okay. Okay.</p> <p>11 Q. Ma'am, on page 4, read that first</p> <p>12 highlighted sentence for us, please.</p> <p>13 A. "On its face, it appears that the</p> <p>14 distribution chain for prescription medicines in</p> <p>15 the United States is fairly straightforward.</p> <p>16 Manufacturers sell their products to wholesalers</p> <p>17 who in turn sell the products to retail pharmacies</p> <p>18 or stores who in turn dispense medicines to</p> <p>19 patients with prescriptions."</p> <p>20 Q. Okay.</p> <p>21 A. "It is not until the" --</p> <p>22 Q. Hold on. Just the first sentence.</p> <p>23 That's all I asked.</p> <p>24 A. Oh, I'm sorry.</p>
<p style="text-align: right;">Page 107</p> <p>1 Q. And then in 2008, Cardinal entered a</p> <p>2 Memorandum of Agreement with the DEA related to</p> <p>3 distributions pertaining to Internet pharmacies;</p> <p>4 is that correct or incorrect?</p> <p>5 A. Cardinal entered into a Memorandum of</p> <p>6 Agreement in 2008 in which it made no admissions.</p> <p>7 Q. It made no admissions, but the basis of</p> <p>8 the allegations were related to distributions</p> <p>9 related to Internet pharmacies; is that correct or</p> <p>10 incorrect, ma'am?</p> <p>11 A. It is correct that the allegations</p> <p>12 related to Internet pharmacies.</p> <p>13 Q. Okay. And we'll get into more of those</p> <p>14 later, but that's fine.</p> <p>15 If you'll turn to page 2. It says,</p> <p>16 "Giuliani Partners LLC has been retained by the</p> <p>17 Pharmaceutical Research and Manufacturers of</p> <p>18 America (PhRMA) to evaluate the risks, if any,</p> <p>19 associated with the importation of Canadian and</p> <p>20 foreign medicines."</p> <p>21 Do you see that there?</p> <p>22 A. I see that language.</p> <p>23 Q. And that's telling us, is it not, that</p> <p>24 the Giuliani group, for lack of a better term, was</p>	<p style="text-align: right;">Page 109</p> <p>1 Q. And you would agree with us -- or agree</p> <p>2 with the statement that on its face, it's a pretty</p> <p>3 simplistic system; manufacturers to wholesalers,</p> <p>4 then to retail pharmacies or drugstores, correct?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. I would say that is the system. Not</p> <p>7 even on its face, but yes.</p> <p>8 Q. And I was saying it was pretty</p> <p>9 simplistic on its face, correct?</p> <p>10 MS. MAINIGI: Objection; scope.</p> <p>11 A. I think it's -- it is simplistic.</p> <p>12 It's -- that's the --</p> <p>13 Q. Fair enough.</p> <p>14 Then the report goes on to say, "It is</p> <p>15 not until the system is studied in greater detail</p> <p>16 that one begins to appreciate both the</p> <p>17 complexities and the vulnerability of the</p> <p>18 distribution chain and the potential for</p> <p>19 exploitation or abuse."</p> <p>20 Correct?</p> <p>21 MS. MAINIGI: Objection.</p> <p>22 Are you asking her if she agrees or</p> <p>23 whether that's what it says?</p> <p>24 MR. FULLER: Yes, ma'am. I'm asking her</p>

<p style="text-align: right;">Page 110</p> <p>1 if that's what it says first.</p> <p>2 A. That is what the sentence says, yes.</p> <p>3 Q. And do you agree that the chain is</p> <p>4 subject to potential exploitation and abuse?</p> <p>5 MS. MAINIGI: Objection; scope.</p> <p>6 A. Not necessarily.</p> <p>7 Q. Has Cardinal been fined in the past for</p> <p>8 potentially exploiting or abusing this closed</p> <p>9 system distribution?</p> <p>10 MS. MAINIGI: Objection; form.</p> <p>11 A. Are you referring to the 2005 settlement</p> <p>12 with New York?</p> <p>13 Q. I'm referring to the 2005 settlement</p> <p>14 with New York, the 2008 settlement with the</p> <p>15 Department of Justice, the 2012 settlement with</p> <p>16 the Department of Justice where they admitted</p> <p>17 violations, and the 2016 admission with the State</p> <p>18 of New York related to additional violations.</p> <p>19 A. I'm not --</p> <p>20 MS. MAINIGI: Question?</p> <p>21 Q. Yes, ma'am. You can go ahead.</p> <p>22 MS. MAINIGI: Is there a question</p> <p>23 pending?</p> <p>24 MR. FULLER: Yeah. She asked me what I</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. So Cardinal has -- so Cardinal agrees</p> <p>2 that it has had allegations as well as admitted</p> <p>3 violations related to this vulnerable chain of</p> <p>4 distribution related to controlled substances;</p> <p>5 correct?</p> <p>6 MS. MAINIGI: Objection; form.</p> <p>7 Objection; scope.</p> <p>8 A. Cardinal Health agrees that it made</p> <p>9 payments related to allegations and made a</p> <p>10 settlement payment with regard to specific</p> <p>11 admissions.</p> <p>12 Q. So it made a \$34 million payment related</p> <p>13 to allegations in 2008; is that correct?</p> <p>14 A. It made a \$34 million payment as a</p> <p>15 settlement with the DEA.</p> <p>16 Q. It also made a \$34 million payment</p> <p>17 related to not just allegations but admissions in</p> <p>18 2012, correct?</p> <p>19 A. Cardinal Health made a \$34 million</p> <p>20 payment in 2012 pursuant to a settlement agreement</p> <p>21 in which it made very limited admissions.</p> <p>22 Q. And then in 2016, Cardinal made another</p> <p>23 admission of liability and paid another</p> <p>24 \$10 million to New York, is that correct, for</p>
<p style="text-align: right;">Page 111</p> <p>1 was referring to. I explained what I was</p> <p>2 referring to. And she can answer the question</p> <p>3 that is still pending.</p> <p>4 MS. MAINIGI: Could we have that read</p> <p>5 back, please?</p> <p>6 (Record read back as follows:</p> <p>7 "Question: Has Cardinal been</p> <p>8 fined in the past for potentially</p> <p>9 exploiting or abusing this closed</p> <p>10 system distribution?")</p> <p>11 MS. MAINIGI: Objection; form.</p> <p>12 Objection; scope.</p> <p>13 A. I don't agree with the term</p> <p>14 "exploiting." Cardinal Health has paid fines in</p> <p>15 the past related to particular settlements.</p> <p>16 Q. For settlements for allegations as well</p> <p>17 as admitted violations of these laws related to</p> <p>18 this distribution chain; is that accurate?</p> <p>19 MS. MAINIGI: Objection; form.</p> <p>20 Objection; scope.</p> <p>21 A. We made settlement payments pursuant to</p> <p>22 a settlement agreement with no admissions. We</p> <p>23 made a very limited admission and made a</p> <p>24 settlement payment.</p>	<p style="text-align: right;">Page 113</p> <p>1 similar type of allegations?</p> <p>2 MS. MAINIGI: Objection; form.</p> <p>3 A. Let me clarify because I just misspoke.</p> <p>4 In 2012, no payment was made. In 2016,</p> <p>5 34 million -- a total of \$44 million was paid in</p> <p>6 connection with a very limited settlement and very</p> <p>7 limited admissions contained therein.</p> <p>8 Q. Okay. So, again, just to clean it up,</p> <p>9 Cardinal's admitted violations as well as paid</p> <p>10 fines for allegations related to the -- related to</p> <p>11 allegations that -- well, strike that. Let me do</p> <p>12 it a little easier.</p> <p>13 Cardinal has paid fines related to</p> <p>14 simply allegations of violations to the Controlled</p> <p>15 Substances Act and distribution of controlled</p> <p>16 substances, correct?</p> <p>17 A. No. Cardinal Health paid fines as part</p> <p>18 of a settlement agreement in which it made no</p> <p>19 admissions.</p> <p>20 Q. But those settlement agreements were</p> <p>21 related to allegations of violations of the</p> <p>22 Controlled Substances Act; yes or no?</p> <p>23 MS. MAINIGI: Objection; form.</p> <p>24 A. There were allegations made. Cardinal</p>

<p style="text-align: right;">Page 114</p> <p>1 Health made no admissions. 2 Q. What were those allegations? 3 MS. MAINIGI: Objection; form. 4 Do you have the agreement so she can 5 look at it? 6 A. In order to be clear, it would be 7 helpful to have the document so we can go through 8 the specific allegations, if that's what we want 9 to do. 10 Q. No, ma'am. I just want a general idea. 11 Do you know any of the allegations? 12 MS. MAINIGI: Objection; form. 13 Q. Did it have to do with the distribution 14 of controlled substances? 15 MS. MAINIGI: Objection; form. 16 A. I believe it had to do with the 17 distribution of controlled substances to certain 18 customers. But, again, without the document in 19 front of me, I am not going to go into the 20 particulars. I want to ensure that I am accurate 21 for the record. 22 Q. And Cardinal also admitted to violations 23 of the Controlled Substances Act and as it relates 24 to this distribution of controlled substances,</p>	<p style="text-align: right;">Page 116</p> <p>1 MR. FULLER: Hey, did you change out my 2 strips? 3 THE COURT REPORTER: I added more. 4 You're on 12. 5 MR. FULLER: Oh, am I? Okay. 6 MS. MAINIGI: Did you get like a speaker 7 over there? 8 MR. FULLER: Yeah, I don't know what it 9 is, but I hear myself talking, and it's weird. 10 MS. MAINIGI: I agree. 11 MS. VELDMAN: Do you want him to lower 12 that? 13 THE VIDEOGRAPHER: I did. It should be 14 better now. 15 MR. FULLER: How about now? Better? 16 MS. MAINIGI: (Indicates affirmatively.) 17 - - - 18 (Cardinal-Norris Exhibit 12 marked.) 19 - - - 20 MR. FULLER: This is Norris 8, it's 21 going to be Plaintiff's Exhibit Number 12. 22 BY MR. FULLER: 23 Q. And, ma'am, have you seen this case 24 before?</p>
<p style="text-align: right;">Page 115</p> <p>1 correct? 2 MS. MAINIGI: Objection; form and scope. 3 A. Again, in the 2016 settlement 4 agreement -- and, again, without having it in 5 front of me and being very clear about the 6 particulars -- there was a settlement made and 7 admission related to certain discrete issues. 8 Q. And let's just make sure the record is 9 clear -- and we'll get it out later. 10 But the Memorandum of Understanding 11 entered and signed off on in 2012 actually 12 contains those admissions, correct? 13 MS. MAINIGI: Objection; form. 14 Objection; scope. 15 A. Without the documents in front of me -- 16 Q. Fair enough. 17 A. I just want to be clear. 18 MR. FULLER: Sure, sure. Let's take 19 another quick break. 20 THE VIDEOGRAPHER: The time is now 21 11:03. Going off the record. 22 (Recess taken.) 23 THE VIDEOGRAPHER: Okay. The time is 24 now 11:22. Back on the record.</p>	<p style="text-align: right;">Page 117</p> <p>1 A. I have. 2 Q. And what case is it? 3 A. Masters Pharmaceutical, Inc. v. DEA. 4 Q. Okay. And you're aware this decision 5 came out in June of last year; is that correct? 6 A. I believe so. 7 Q. And it deals with the Controlled 8 Substances Act and the shipping and reporting 9 requirements; is that correct? 10 A. I believe it mentions the shipping 11 requirement, and the reporting requirement is sort 12 of the central issue. 13 Q. So it discusses both; is that correct? 14 A. It makes reference to both, yes. 15 Q. And if you'll turn to page 7 of the -- 16 now, in -- let's back up for a second. 17 You've had an opportunity to read this 18 opinion before today? 19 A. I have. 20 Q. And you're probably aware -- and tell me 21 if you're not -- that the -- some of the other 22 Defendants in this case, AmerisourceBergen and 23 McKesson, have also designated 30(b) witnesses? 24 A. Yes, I am aware.</p>

<p style="text-align: right;">Page 118</p> <p>1 Q. Have you reviewed any of their 2 testimony? 3 A. No, I have not. 4 Q. Okay. In preparation for this 5 deposition, did you actually read this opinion? 6 A. I did. 7 Q. Okay. And let me ask you, how much time 8 have you spent preparing for this deposition? 9 A. The last three and a half weeks from 10 the -- beginning the -- Monday the 16th, I believe 11 it was, through today. 12 Q. And I won't say 24 hours a day. Mainly 13 your working hours of your day have been 14 encompassed by preparing for this 30(b) notice -- 15 A. Yes. 16 Q. -- or the notices, correct? 17 A. Yes. I'm sorry. 18 Q. Okay. And tell me -- again, other than 19 counsel, who else have you spoken with related to 20 the preparation for this 30(b) notice? 21 A. I spoke to a variety of individuals at 22 Cardinal Health. I'll try to remember them all. 23 Michael Mone, Todd Cameron, Gilberto Quintero. 24 Q. Hold -- slow down a little bit for me.</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. And what did Todd answer? 2 A. Todd answered that upon the decision, he 3 reviewed the decision, reviewed it with counsel, 4 Cardinal Health counsel. 5 Q. Internal counsel, or you're not sure? 6 A. I'm not positive if it was also outside 7 counsel. We do have internal counsel, so ... and 8 determined that -- 9 MS. MAINIGI: And one thing I will 10 caution you, Ms. Norris, is to not reveal any 11 privileged information that Mr. -- any privileged 12 exchanges Mr. Cameron may have had with counsel. 13 A. And based on those reviews -- 14 MS. MAINIGI: Perhaps you could phrase 15 it after his communications with counsel, what 16 actions he took. 17 A. After Mr. Cameron's review of the case 18 and with counsel, he determined that no changes 19 were needed to our program, that it was in 20 compliance with the decision. 21 Q. All right. So let's look at Masters 22 Pharmaceutical. And if you'll turn to page 7 for 23 me. 24 A. Yes, I'm there.</p>
<p style="text-align: right;">Page 119</p> <p>1 A. Sorry. Michael Mone. 2 Q. Mr. Cameron? 3 A. Todd Cameron. 4 Q. Roberto? 5 A. Gilberto Quintero. 6 Q. Yes, ma'am. 7 A. Danny Roberts. 8 Q. Yes, ma'am. 9 A. Linden Barber. 10 Q. Yes, ma'am. 11 A. Steve Reardon, Sean Callinicos. 12 Q. Spell the last name for me. 13 A. I believe it is C-a-l-l-i-n-c-o-s [sic] 14 or something to that effect. 15 Q. Fair enough. He'll forgive you. 16 A. Just one second. Let me try to 17 remember. I believe that's everybody. I believe 18 that's everyone. If I -- if somebody pops into my 19 brain, I will let you know. 20 Q. And who did you speak -- other than 21 counsel -- with about the Masters Pharmaceutical 22 case? 23 A. Todd Cameron and I -- Todd answered a 24 question regarding it.</p>	<p style="text-align: right;">Page 121</p> <p>1 Q. Okay. And if you will read where it 2 starts, "The security requirement." 3 A. "The 'security requirement' at the heart 4 of the case mandates that distributors 'design and 5 operate a system' to identify 'suspicious orders 6 of controlled substances' and report those to DEA 7 (the Reporting Requirement)." 8 Q. Does Cardinal Health agree that it has a 9 reporting requirement to identify and report 10 suspicious orders of controlled substances? 11 A. Yes. 12 Q. And what is Cardinal's position -- 13 strike that. 14 And Cardinal agrees that has been the 15 obligation since the enactment of the Controlled 16 Substances Act and particularly this regulation in 17 1971, correct? 18 MS. MAINIGI: Objection; scope. 19 Objection; time period. 20 A. Cardinal Health understands its 21 reporting obligation pursuant to the Controlled 22 Substances Act. 23 Q. No, ma'am. That's not my question. 24 Okay. Let me ask it again.</p>